

University of Hawai'i at Manoa
Department of Zoology
 2538 McCarthy Mall, Edmondson 152
 Honolulu, HI 96822

Graduate Assistantship Evaluation

To Applicant: Please type or print the information requested in the first section of this form and check one of the waiver options. Give the form to the person you are asking for a recommendation, and ask the recommender to mail the completed form to the Graduate Chair at the address above.

Name of Applicant:

Current Address:

Name of Recommender:

Institutional Affiliation:

Title:

Mandatory: Check one of the following waiver options and sign below

_____ I hereby waive my right of access to this confidential evaluation of my application. I understand that the Department of Zoology will hold this evaluation in confidence from me and from the public.

_____ I DO NOT waive my right of access to this evaluation of my application, but I do authorize the evaluator to provide a candid evaluation of, and all information relevant to, my application.

Applicant's signature:

Date:

To Evaluator: We will use your evaluation to help us select graduate assistants. Please assess the applicant's ability to do graduate study and research in zoology, to obtain the degree sought, and to pursue a successful career following completion of the degree. Please also assess the applicant's potential ability as a graduate teaching or research assistant.

Please complete the form below, provide your qualitative evaluations on the back of the page or on a separate page, and mail evaluation to the Graduate Chair of Zoology at the address above.

Applicant's achievement and ability compared to other students	superior (top 5%)	excellent (top 10%)	above average	average	below average	unable to judge
Knowledge of the Field						
Ability to Communicate						
Independence & Responsibility						
Personal & Professional Maturity						
Academic & Professional Potential						

Signature of Evaluator:

Date: